## **STATEMENT OF**

FORM 1	ORGANIZA (See instructio			Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Duffy for Conc	jress			
ADDRESS (number and s	street)			
(Check if address is changed)	Wausau		<u>\WI</u>	54402   0538
		CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-	mail address)		
(Check if address is changed)	kate@aspectcomplia	ance.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0 9	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00464339		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my kno	wledge and belief it is true, correc	ct and complete	
Type or Print Name of	Treasurer Michael Masters	on		
Signature of Treasurer	Electronically Filed by Michael N	lasterson	Date 09	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information ma	y subject the person signing this	·	
Office Use Only		For further informati Federal Election Com Toll Free 800-424-955	mission	FEC FORM 1 (Revised 02/2009)